

**County of Hawai'i**

**DEPARTMENT OF PUBLIC WORKS – HIGHWAY MAINTENANCE**

Office Hours: Weekdays, 6:30 AM to 3:00 PM

**REQUEST TO MAINTAIN COUNTY ROADSIDE AREA**

It is requested that the County of Hawai'i not utilize any herbicide in the area shown on the attached map/sketch.

REQUESTOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_

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**LOCATION OF AREA(S) – REQUIRED SIGNATURES ON ATTACHED LOCATION MAPS:**

_____	TAX MAP KEY: _____
Name of County Road/Street	
_____	TAX MAP KEY: _____
Name of County Road/Street	
_____	TAX MAP KEY: _____
Name of County Road/Street	
_____	TAX MAP KEY: _____
Name of County Road/Street	

DURATION(Dates): From: \_\_\_\_\_ to \_\_\_\_\_ (Not to exceed 1 year)

**IN CONSIDERATION OF GRANTING THIS REQUEST THE REQUESTOR UNDERSTANDS AND AGREES TO:**

(I) We agree to maintain, which includes the cutting and trimming of grass and shrubbery within this area to permit the County of Hawai'i to skip the use of herbicide in this area. To identify this area for the Highway Maintenance personnel, (I) (We) will place a sign on the left and right boundaries of this area. The sign will be 6 ( six) inches high and 18 (eighteen) inches long, with white background and red lettering 4 (four) inches high and ½ ( half) thick, with the words, 'NO SPRAYING.'

The sign shall be visible and easily seen by the County workers to prevent spraying. (I) (We) will notify the County of Hawai'i by email or phone: 961-8349 of any problems or special conditions regarding maintenance that may arise

By: \_\_\_\_\_  
Requestor's Signature(s) Date

By: \_\_\_\_\_  
Requestor's Signature(s) Date

Its: \_\_\_\_\_

**APPROVED:**

Highways Division Chief, Department of Public  
Works: \_\_\_\_\_

DATE: \_\_\_\_\_